

# DISCLOSURE SUMMARY PAGE

<b>FORM DR-2</b> (Rev. 01/98)	DISCLOSURE REPORT
<b>For Office Use Only</b>	
Comm. # <u>6001</u>	
Indexed <u>kh</u>	<u>kh</u>
Audited _____	
Computer _____	

**COMMITTEE NAME (Must be same as on Statement of Organization)**  
**ALLIED GROUP INC POLITICAL ACTION CMTE**

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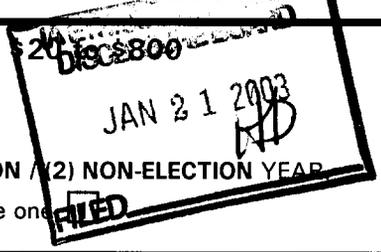
**IMPORTANT: Indicate type of committee you are reporting for:**  2

(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate  
 (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee  
 (8) Support State of Candidates

*Randall Kram* 515 280 4850  
 SIGNATURE OF TREASURER (or person filing this report) TELEPHONE

01-20-03  
 DATE SIGNED

Routine Penalties Due For Late Filed Reports Range from \$20 to \$800



SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A JAN 19, 2003 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR  
 (report date) Indicate one

CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

Local Committees, enter Date of Election \_\_\_\_\_

County & Local Committees, enter County in which election is held \_\_\_\_\_

Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
 (You must continue to file reports until a Notice of Dissolution is filed.)

## STATEMENT OF CASH ON HAND

**CASH ON HAND** at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period, or must be zero if this is the first report filed.) ..... \$ 778.50

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) ..... 3,120.60

Schedule F: Loans Received total (Attach Schedule F) ..... 0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H) ..... 0.00

(Schedule H applies to Candidates' Committees only)

**SUB-TOTAL** ..... \$ 3,120.60

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) ..... 650.00

Schedule F: Loan Repayments total (Attach Schedule F) ..... 0.00

**CASH ON HAND** at the end of this reporting period (if final report, balance must be zero) (Attach DR-3) ..... \$ 3,249.10

**UNPAID BILLS** (From Schedule D - Attach Schedule D) ..... \$ 0.00

**IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) ..... \$ 0.00

**OUTSTANDING LOANS** (From Schedule F - Attach Schedule F) ..... \$ 0.00

**CANDIDATE COMMITTEES ONLY:**

**CONSULTANT BREAKDOWN** (Schedule G Attached?) .....      YES      NO

**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H) ..... \$ 0.00

**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** *(Must be same as on Statement of Organization)*  
**ALLIED GROUP INC POLITICAL ACTION CMTE**

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓IF FOR FUND-RAISER INCOME
10/18/02	ID# CK#	Jeff Albertson 212 S 28th St West Des Moines, Ia 50265		1.00	
11/01/02	ID# CK#	Jeff Albertson 212 S 28th St West Des Moines, Ia 50265		1.00	
11/15/02	ID# CK#	Jeff Albertson 212 S 28th St West Des Moines, Ia 50265		1.00	
11/27/02	ID# CK#	Jeff Albertson 212 S 28th St West Des Moines, Ia 50265		1.00	
12/13/02	ID# CK#	Jeff Albertson 212 S 28th St West Des Moines, Ia 50265		1.00	
12/27/02	ID# CK#	Jeff Albertson 212 S 28th St West Des Moines, Ia 50265		1.00	
10/18/02	ID# CK#	Laura Allen 2944 328th Place Adel, Ia 50003		2.00	
11/01/02	ID# CK#	Laura Allen 2944 328th Place Adel, Ia 50003		2.00	
11/15/02	ID# CK#	Laura Allen 2944 328th Place Adel, Ia 50003		2.00	
11/27/02	ID# CK#	Laura Allen 2944 328th Place Adel, Ia 50003		2.00	
SUB-TOTAL				\$ 14.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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(including candidate's personal funds)

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12/13/02	ID# CK#	Laura Allen 2944 328th Place Adel, Ia 50003		2.00	
12/27/02	ID# CK#	Laura Allen 2944 328th Place Adel, Ia 50003		2.00	
11/01/02	ID# CK#	Unitemized Receipt		3.75	
11/15/02	ID# CK#	Unitemized Receipt		3.75	
11/27/02	ID# CK#	Unitemized Receipt		3.75	
12/13/02	ID# CK#	Unitemized Receipt		3.75	
12/27/02	ID# CK#	Unitemized Receipt		3.75	
10/18/02	ID# CK#	David G Appleget 5300 Clearwater Dr Norwalk, Ia 50211		1.00	
11/01/02	ID# CK#	David G Appleget 5300 Clearwater Dr Norwalk, Ia 50211		1.00	
11/15/02	ID# CK#	David G Appleget 5300 Clearwater Dr Norwalk, Ia 50211		1.00	
SUB-TOTAL				\$ 25.75	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
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11/27/02	ID# CK#	David G Appleget 5300 Clearwater Dr Norwalk, Ia 50211		1.00	
12/13/02	ID# CK#	David G Appleget 5300 Clearwater Dr Norwalk, Ia 50211		1.00	
12/27/02	ID# CK#	David G Appleget 5300 Clearwater Dr Norwalk, Ia 50211		1.00	
10/18/02	ID# CK#	Wesley K Austen 3302 NE Briarwood Drive Ankeny, Ia 50021		25.00	
11/01/02	ID# CK#	Wesley K Austen 3302 NE Briarwood Drive Ankeny, Ia 50021		45.00	
11/15/02	ID# CK#	Wesley K Austen 3302 NE Briarwood Drive Ankeny, Ia 50021		45.00	
11/27/02	ID# CK#	Wesley K Austen 3302 NE Briarwood Drive Ankeny, Ia 50021		45.00	
12/13/02	ID# CK#	Wesley K Austen 3302 NE Briarwood Drive Ankeny, Ia 50021		45.00	
12/27/02	ID# CK#	Wesley K Austen 3302 NE Briarwood Drive Ankeny, Ia 50021		45.00	
10/18/02	ID# CK#	Christopher M Baggaley 2536 NW 162nd Street Des Moines, Ia 50325		7.50	
SUB-TOTAL				\$ 260.50	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

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11/01/02	ID# CK#	Christopher M Baggaley 2536 NW 162nd Street Des Moines, Ia 50325		7.50	
11/15/02	ID# CK#	Christopher M Baggaley 2536 NW 162nd Street Des Moines, Ia 50325		7.50	
11/27/02	ID# CK#	Christopher M Baggaley 2536 NW 162nd Street Des Moines, Ia 50325		7.50	
12/13/02	ID# CK#	Christopher M Baggaley 2536 NW 162nd Street Des Moines, Ia 50325		7.50	
12/27/02	ID# CK#	Christopher M Baggaley 2536 NW 162nd Street Des Moines, Ia 50325		7.50	
10/18/02	ID# CK#	John P Baum 6038 E Kings Road Scottsdale, Az 85254		5.00	
11/01/02	ID# CK#	John P Baum 6038 E Kings Road Scottsdale, Az 85254		5.00	
11/15/02	ID# CK#	John P Baum 6038 E Kings Road Scottsdale, Az 85254		5.00	
11/27/02	ID# CK#	John P Baum 6038 E Kings Road Scottsdale, Az 85254		5.00	
12/13/02	ID# CK#	John P Baum 6038 E Kings Road Scottsdale, Az 85254		5.00	
<b>SUB-TOTAL</b>				\$ 62.50	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

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12/27/02	ID# CK#	John P Baum 6038 E Kings Road Scottsdale, Az 85254		5.00	
11/01/02	ID# CK#	Unitemized Receipt		3.75	
11/15/02	ID# CK#	Unitemized Receipt		3.75	
11/27/02	ID# CK#	Unitemized Receipt		3.75	
12/13/02	ID# CK#	Unitemized Receipt		3.75	
12/27/02	ID# CK#	Unitemized Receipt		3.75	
10/18/02	ID# CK#	Daniel J Behrens 5954 Robin Road Pleasant Hill, Ia 50327		1.00	
11/01/02	ID# CK#	Daniel J Behrens 5954 Robin Road Pleasant Hill, Ia 50327		1.00	
11/15/02	ID# CK#	Daniel J Behrens 5954 Robin Road Pleasant Hill, Ia 50327		1.00	
11/27/02	ID# CK#	Daniel J Behrens 5954 Robin Road Pleasant Hill, Ia 50327		1.00	
SUB-TOTAL				\$ 27.75	
<b>TOTAL (if last page of this schedule)</b>				\$	

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12/13/02	ID# CK#	Daniel J Behrens 5954 Robin Road Pleasant Hill, Ia 50327		1.00	
12/27/02	ID# CK#	Daniel J Behrens 5954 Robin Road Pleasant Hill, Ia 50327		1.00	
10/18/02	ID# CK#	Sarah J Bergamo 10214 Hickory Lane Urbandale, Ia 50322		1.00	
11/01/02	ID# CK#	Sarah J Bergamo 10214 Hickory Lane Urbandale, Ia 50322		1.00	
11/15/02	ID# CK#	Sarah J Bergamo 10214 Hickory Lane Urbandale, Ia 50322		1.00	
11/27/02	ID# CK#	Sarah J Bergamo 10214 Hickory Lane Urbandale, Ia 50322		1.00	
12/13/02	ID# CK#	Sarah J Bergamo 10214 Hickory Lane Urbandale, Ia 50322		1.00	
12/27/02	ID# CK#	Sarah J Bergamo 10214 Hickory Lane Urbandale, Ia 50322		1.00	
11/01/02	ID# CK#	Craig A Betten PO Box 345 535 2nd St. SW Britt, Ia 50423		7.50	
11/15/02	ID# CK#	Craig A Betten PO Box 345 535 2nd St. SW Britt, Ia 50423		7.50	
SUB-TOTAL				\$ 23.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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(including candidate's personal funds)

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11/27/02	ID# CK#	Craig A Betten PO Box 345 535 2nd St. SW Britt, Ia 50423		7.50	
12/13/02	ID# CK#	Craig A Betten PO Box 345 535 2nd St. SW Britt, Ia 50423		7.50	
12/27/02	ID# CK#	Craig A Betten PO Box 345 535 2nd St. SW Britt, Ia 50423		7.50	
10/18/02	ID# CK#	Carilyn R Bettis 5101 68th Urbandale, Ia 50322		1.00	
11/01/02	ID# CK#	Carilyn R Bettis 5101 68th Urbandale, Ia 50322		1.00	
11/15/02	ID# CK#	Carilyn R Bettis 5101 68th Urbandale, Ia 50322		1.00	
11/27/02	ID# CK#	Carilyn R Bettis 5101 68th Urbandale, Ia 50322		1.00	
12/13/02	ID# CK#	Carilyn R Bettis 5101 68th Urbandale, Ia 50322		1.00	
12/27/02	ID# CK#	Carilyn R Bettis 5101 68th Urbandale, Ia 50322		1.00	
10/18/02	ID# CK#	Nathmael A Beyene 1332 Victoria Cir Norwalk, Ia 50211		10.00	
SUB-TOTAL				\$ 38.50	
<b>TOTAL (if last page of this schedule)</b>				\$	

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11/01/02	ID# CK#	Nathnael A Beyene 1332 Victoria Cir Norwalk, Ia 50211		10.00	
11/15/02	ID# CK#	Nathnael A Beyene 1332 Victoria Cir Norwalk, Ia 50211		10.00	
11/27/02	ID# CK#	Nathnael A Beyene 1332 Victoria Cir Norwalk, Ia 50211		10.00	
12/13/02	ID# CK#	Nathnael A Beyene 1332 Victoria Cir Norwalk, Ia 50211		10.00	
12/27/02	ID# CK#	Nathnael A Beyene 1332 Victoria Cir Norwalk, Ia 50211		10.00	
10/18/02	ID# CK#	Robert C Breeden 1201 S G St Indianola, Ia 50125		3.00	
11/01/02	ID# CK#	Robert C Breeden 1201 S G St Indianola, Ia 50125		3.00	
11/15/02	ID# CK#	Robert C Breeden 1201 S G St Indianola, Ia 50125		3.00	
11/27/02	ID# CK#	Robert C Breeden 1201 S G St Indianola, Ia 50125		3.00	
12/13/02	ID# CK#	Robert C Breeden 1201 S G St Indianola, Ia 50125		3.00	
SUB-TOTAL				\$ 65.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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12/27/02	ID# CK#	Robert C Breeden 1201 S G St Indianola, Ia 50125		3.00	
11/01/02	ID# CK#	Robert H Brodersen 3208 Old Portland Road Adel, Ia 50003		7.50	
11/15/02	ID# CK#	Robert H Brodersen 3208 Old Portland Road Adel, Ia 50003		7.50	
11/27/02	ID# CK#	Robert H Brodersen 3208 Old Portland Road Adel, Ia 50003		7.50	
12/13/02	ID# CK#	Robert H Brodersen 3208 Old Portland Road Adel, Ia 50003		7.50	
12/27/02	ID# CK#	Robert H Brodersen 3208 Old Portland Road Adel, Ia 50003		7.50	
10/18/02	ID# CK#	Unitemized Receipt		1.00	
11/01/02	ID# CK#	Unitemized Receipt		1.00	
11/15/02	ID# CK#	Unitemized Receipt		1.00	
11/27/02	ID# CK#	Unitemized Receipt		1.00	
<b>SUB-TOTAL</b>				<b>\$ 44.50</b>	
<b>TOTAL (if last page of this schedule)</b>				<b>\$</b>	

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**COMMITTEE NAME** *(Must be same as on Statement of Organization)*  
**ALLIED GROUP INC POLITICAL ACTION CMTE**

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**CAUTION:** Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓IF FOR FUND-RAISER INCOME
12/13/02	ID# CK#	Unitemized Receipt		1.00	
12/27/02	ID# CK#	Unitemized Receipt		1.00	
10/18/02	ID# CK#	James R Burke 14092 Lake Pointe Drive Clive, Ia 50325		4.00	
11/01/02	ID# CK#	James R Burke 14092 Lake Pointe Drive Clive, Ia 50325		4.00	
11/15/02	ID# CK#	James R Burke 14092 Lake Pointe Drive Clive, Ia 50325		4.00	
11/27/02	ID# CK#	James R Burke 14092 Lake Pointe Drive Clive, Ia 50325		4.00	
12/13/02	ID# CK#	James R Burke 14092 Lake Pointe Drive Clive, Ia 50325		4.00	
12/27/02	ID# CK#	James R Burke 14092 Lake Pointe Drive Clive, Ia 50325		4.00	
10/18/02	ID# CK#	Unitemized Receipt		1.00	
11/01/02	ID# CK#	Unitemized Receipt		1.00	
<b>SUB-TOTAL</b>				\$ 28.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

\*Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter 'not applicable' in the relationship column.

**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** *(Must be same as on Statement of Organization)*  
**ALLIED GROUP INC POLITICAL ACTION CMTE**

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓IF FOR FUND-RAISER INCOME
11/15/02	ID# CK#	Unitemized Receipt		1.00	
11/27/02	ID# CK#	Unitemized Receipt		1.00	
12/13/02	ID# CK#	Unitemized Receipt		1.00	
12/27/02	ID# CK#	Unitemized Receipt		1.00	
10/18/02	ID# CK#	Lynda M Butler 172 57th Court West Des Moines, Ia 50266		20.00	
11/01/02	ID# CK#	Lynda M Butler 172 57th Court West Des Moines, Ia 50266		20.00	
11/15/02	ID# CK#	Lynda M Butler 172 57th Court West Des Moines, Ia 50266		20.00	
11/27/02	ID# CK#	Lynda M Butler 172 57th Court West Des Moines, Ia 50266		20.00	
12/13/02	ID# CK#	Lynda M Butler 172 57th Court West Des Moines, Ia 50266		20.00	
12/27/02	ID# CK#	Lynda M Butler 172 57th Court West Des Moines, Ia 50266		20.00	
SUB-TOTAL				\$ 124.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** *(Must be same as on Statement of Organization)*  
**ALLIED GROUP INC POLITICAL ACTION CMTE**

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
11/01/02	ID# CK#	Unitemized Receipt		3.75	
11/15/02	ID# CK#	Unitemized Receipt		3.75	
11/27/02	ID# CK#	Unitemized Receipt		3.75	
12/13/02	ID# CK#	Unitemized Receipt		3.75	
12/27/02	ID# CK#	Unitemized Receipt		3.75	
10/18/02	ID# CK#	Paula Cooper 52 Blue Fern Court Sacramento, Ca 95833		1.00	
11/01/02	ID# CK#	Paula Cooper 52 Blue Fern Court Sacramento, Ca 95833		1.00	
11/15/02	ID# CK#	Paula Cooper 52 Blue Fern Court Sacramento, Ca 95833		1.00	
11/27/02	ID# CK#	Paula Cooper 52 Blue Fern Court Sacramento, Ca 95833		1.00	
12/13/02	ID# CK#	Paula Cooper 52 Blue Fern Court Sacramento, Ca 95833		1.00	
SUB-TOTAL				\$ 23.75	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
--------------------------------------	----------------------

CHECK THIS BOX IF AMENDING FORM

**COMMITTEE NAME** *(Must be same as on Statement of Organization)*  
**ALLIED GROUP INC POLITICAL ACTION CMTE**

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
12/27/02	ID# CK#	Paula Cooper 52 Blue Fern Court Sacramento, Ca 95833		1.00	
11/01/02	ID# CK#	Unitemized Receipt		0.38	
11/15/02	ID# CK#	Unitemized Receipt		0.38	
11/27/02	ID# CK#	Unitemized Receipt		0.38	
12/13/02	ID# CK#	Unitemized Receipt		0.38	
12/27/02	ID# CK#	Unitemized Receipt		0.38	
12/04/02	ID# CK#	Unitemized Receipt		10.00	
12/27/02	ID# CK#	Unitemized Receipt		2.00	
10/18/02	ID# CK#	Daniel D Ellett 705 SW Coventry Circle Ankeny, Ia 50021		4.00	
11/01/02	ID# CK#	Daniel D Ellett 705 SW Coventry Circle Ankeny, Ia 50021		4.00	

SUB-TOTAL \$ 22.90

**TOTAL (if last page of this schedule)** \$

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** *(Must be same as on Statement of Organization)*  
**ALLIED GROUP INC POLITICAL ACTION CMTE**

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
11/15/02	ID# CK#	Daniel D Ellett 705 SW Coventry Circle Ankeny, Ia 50021		4.00	
11/27/02	ID# CK#	Daniel D Ellett 705 SW Coventry Circle Ankeny, Ia 50021		4.00	
12/13/02	ID# CK#	Daniel D Ellett 705 SW Coventry Circle Ankeny, Ia 50021		4.00	
12/27/02	ID# CK#	Daniel D Ellett 705 SW Coventry Circle Ankeny, Ia 50021		4.00	
10/18/02	ID# CK#	Mark M Elming 6025 Blackstone Court Johnston, Ia 50131		10.00	
11/01/02	ID# CK#	Mark M Elming 6025 Blackstone Court Johnston, Ia 50131		10.00	
11/15/02	ID# CK#	Mark M Elming 6025 Blackstone Court Johnston, Ia 50131		10.00	
11/27/02	ID# CK#	Mark M Elming 6025 Blackstone Court Johnston, Ia 50131		10.00	
12/13/02	ID# CK#	Mark M Elming 6025 Blackstone Court Johnston, Ia 50131		10.00	
12/27/02	ID# CK#	Mark M Elming 6025 Blackstone Court Johnston, Ia 50131		10.00	
<b>SUB-TOTAL</b>				\$ 76.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

<b>COMMITTEE NAME</b> <i>(Must be same as on Statement of Organization)</i> <b>ALLIED GROUP INC POLITICAL ACTION CMTE</b>
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**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10/18/02	ID# CK#	Brian N Fajen 1207 23rd St West Des Moines, Ia 50266		2.00	
11/01/02	ID# CK#	Brian N Fajen 1207 23rd St West Des Moines, Ia 50266		2.00	
11/15/02	ID# CK#	Brian N Fajen 1207 23rd St West Des Moines, Ia 50266		2.00	
11/27/02	ID# CK#	Brian N Fajen 1207 23rd St West Des Moines, Ia 50266		2.00	
12/13/02	ID# CK#	Brian N Fajen 1207 23rd St West Des Moines, Ia 50266		2.00	
12/27/02	ID# CK#	Brian N Fajen 1207 23rd St West Des Moines, Ia 50266		2.00	
11/01/02	ID# CK#	Unitemized Receipt		1.50	
11/15/02	ID# CK#	Unitemized Receipt		1.50	
11/27/02	ID# CK#	Unitemized Receipt		1.50	
12/13/02	ID# CK#	Unitemized Receipt		1.50	

SUB-TOTAL	\$ 18.00
<b>TOTAL (if last page of this schedule)</b>	\$

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** *(Must be same as on Statement of Organization)*  
**ALLIED GROUP INC POLITICAL ACTION CMTE**

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
12/27/02	ID# CK#	Unitemized Receipt		3.00	
12/04/02	ID# CK#	Tony Fenton 1230 42nd Plaza Building 7-6 West Des Moines, Ia 50266		20.00	
12/04/02	ID# CK#	Shawn M Finney 1946 Northwest 152nd Street Clive, Ia 50325		25.00	
10/18/02	ID# CK#	Susan M Fitzsimmons 1804 28th St Des Moines, Ia 50310		1.00	
11/01/02	ID# CK#	Susan M Fitzsimmons 1804 28th St Des Moines, Ia 50310		1.00	
11/15/02	ID# CK#	Susan M Fitzsimmons 1804 28th St Des Moines, Ia 50310		1.00	
11/27/02	ID# CK#	Susan M Fitzsimmons 1804 28th St Des Moines, Ia 50310		1.00	
12/13/02	ID# CK#	Susan M Fitzsimmons 1804 28th St Des Moines, Ia 50310		1.00	
12/27/02	ID# CK#	Susan M Fitzsimmons 1804 28th St Des Moines, Ia 50310		1.00	
12/27/02	ID# CK#	Unitemized Receipt		10.00	
<b>SUB-TOTAL</b>				<b>\$ 64.00</b>	
<b>TOTAL (if last page of this schedule)</b>				<b>\$</b>	

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** *(Must be same as on Statement of Organization)*  
**ALLIED GROUP INC POLITICAL ACTION CMTE**

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10/18/02	ID# CK#	Monica L Friedman 9390 Lakewood Circle Norwalk, Ia 50211		1.00	
11/01/02	ID# CK#	Monica L Friedman 9390 Lakewood Circle Norwalk, Ia 50211		1.00	
11/15/02	ID# CK#	Monica L Friedman 9390 Lakewood Circle Norwalk, Ia 50211		1.00	
11/27/02	ID# CK#	Monica L Friedman 9390 Lakewood Circle Norwalk, Ia 50211		1.00	
12/13/02	ID# CK#	Monica L Friedman 9390 Lakewood Circle Norwalk, Ia 50211		1.00	
12/27/02	ID# CK#	Monica L Friedman 9390 Lakewood Circle Norwalk, Ia 50211		1.00	
10/18/02	ID# CK#	Susan E Fuchtman 829 Southeast Cortina Ankeny, Ia 50021		1.00	
11/01/02	ID# CK#	Susan E Fuchtman 829 Southeast Cortina Ankeny, Ia 50021		1.00	
11/15/02	ID# CK#	Susan E Fuchtman 829 Southeast Cortina Ankeny, Ia 50021		1.00	
11/27/02	ID# CK#	Susan E Fuchtman 829 Southeast Cortina Ankeny, Ia 50021		1.00	
<b>SUB-TOTAL</b>				\$ 10.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** *(Must be same as on Statement of Organization)*  
**ALLIED GROUP INC POLITICAL ACTION CMTE**

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
12/13/02	ID# CK#	Susan E Fuchtman 829 Southeast Cortina Ankeny, Ia 50021		1.00	
12/27/02	ID# CK#	Susan E Fuchtman 829 Southeast Cortina Ankeny, Ia 50021		1.00	
10/18/02	ID# CK#	Susan E Givant 3945 56th Street Des Moines, Ia 50310		5.00	
11/01/02	ID# CK#	Susan E Givant 3945 56th Street Des Moines, Ia 50310		5.00	
11/15/02	ID# CK#	Susan E Givant 3945 56th Street Des Moines, Ia 50310		5.00	
11/27/02	ID# CK#	Susan E Givant 3945 56th Street Des Moines, Ia 50310		5.00	
12/13/02	ID# CK#	Susan E Givant 3945 56th Street Des Moines, Ia 50310		5.00	
12/27/02	ID# CK#	Susan E Givant 3945 56th Street Des Moines, Ia 50310		5.00	
12/27/02	ID# CK#	Unitemized Receipt		1.00	
10/18/02	ID# CK#	Unitemized Receipt		1.00	

SUB-TOTAL \$ 34.00  
**TOTAL (if last page of this schedule)** \$

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
--------------------------------------	----------------------

CHECK THIS BOX IF AMENDING FORM

**COMMITTEE NAME** *(Must be same as on Statement of Organization)*  
**ALLIED GROUP INC POLITICAL ACTION CMTE**

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
11/01/02	ID# CK#	Unitemized Receipt		1.00	
11/15/02	ID# CK#	Unitemized Receipt		1.00	
11/27/02	ID# CK#	Unitemized Receipt		1.00	
12/13/02	ID# CK#	Unitemized Receipt		1.00	
12/27/02	ID# CK#	Unitemized Receipt		1.00	
10/18/02	ID# CK#	Craig A Green 4800 Mills Parkway Unit 219 West Des Moines, Ia 50265		5.00	
11/01/02	ID# CK#	Craig A Green 4800 Mills Parkway Unit 219 West Des Moines, Ia 50265		5.00	
11/15/02	ID# CK#	Craig A Green 4800 Mills Parkway Unit 219 West Des Moines, Ia 50265		5.00	
11/27/02	ID# CK#	Craig A Green 4800 Mills Parkway Unit 219 West Des Moines, Ia 50265		5.00	
12/13/02	ID# CK#	Craig A Green 4800 Mills Parkway Unit 219 West Des Moines, Ia 50265		5.00	
SUB-TOTAL				\$ 30.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** *(Must be same as on Statement of Organization)*  
**ALLIED GROUP INC POLITICAL ACTION CMTE**

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
12/27/02	ID# CK#	Craig A Green 4800 Mills Parkway Unit 219 West Des Moines, Ia 50265		5.00	
10/18/02	ID# CK#	Robert D Grove 5821 Woodland Ave West Des Moines, Ia 50266		1.00	
11/01/02	ID# CK#	Robert D Grove 5821 Woodland Ave West Des Moines, Ia 50266		1.00	
11/15/02	ID# CK#	Robert D Grove 5821 Woodland Ave West Des Moines, Ia 50266		1.00	
11/27/02	ID# CK#	Robert D Grove 5821 Woodland Ave West Des Moines, Ia 50266		1.00	
12/13/02	ID# CK#	Robert D Grove 5821 Woodland Ave West Des Moines, Ia 50266		1.00	
12/27/02	ID# CK#	Robert D Grove 5821 Woodland Ave West Des Moines, Ia 50266		1.00	
11/01/02	ID# CK#	Vicki S Gubser 5423 Chimra Rd Panora, Ia 50216		3.75	
11/15/02	ID# CK#	Vicki S Gubser 5423 Chimra Rd Panora, Ia 50216		3.75	
11/27/02	ID# CK#	Vicki S Gubser 5423 Chimra Rd Panora, Ia 50216		3.75	
SUB-TOTAL				\$ 22.25	
<b>TOTAL (if last page of this schedule)</b>				\$	

\*Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter 'not applicable' in the relationship column.

**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

**ALLIED GROUP INC POLITICAL ACTION CMTE**

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**CAUTION:** Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
12/13/02	ID# CK#	Vicki S Gubser 5423 Chimra Rd Panora, Ia 50216		3.75	
12/27/02	ID# CK#	Vicki S Gubser 5423 Chimra Rd Panora, Ia 50216		3.75	
10/18/02	ID# CK#	James J Hagenbucher 15215 Woodcrest Drive Clive, Ia 50325		20.00	
11/01/02	ID# CK#	James J Hagenbucher 15215 Woodcrest Drive Clive, Ia 50325		20.00	
11/15/02	ID# CK#	James J Hagenbucher 15215 Woodcrest Drive Clive, Ia 50325		20.00	
11/27/02	ID# CK#	James J Hagenbucher 15215 Woodcrest Drive Clive, Ia 50325		20.00	
12/13/02	ID# CK#	James J Hagenbucher 15215 Woodcrest Drive Clive, Ia 50325		20.00	
12/27/02	ID# CK#	James J Hagenbucher 15215 Woodcrest Drive Clive, Ia 50325		20.00	
10/18/02	ID# CK#	Brett E Harman 3821 River Oaks Drive Des Moines, Ia 50312		5.00	
11/01/02	ID# CK#	Brett E Harman 3821 River Oaks Drive Des Moines, Ia 50312		5.00	
SUB-TOTAL				\$ 137.50	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

**ALLIED GROUP INC POLITICAL ACTION CMTE**

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓IF FOR FUND-RAISER INCOME
11/15/02	ID# CK#	Brett E Harman 3821 River Oaks Drive Des Moines, Ia 50312		5.00	
11/27/02	ID# CK#	Brett E Harman 3821 River Oaks Drive Des Moines, Ia 50312		5.00	
12/13/02	ID# CK#	Brett E Harman 3821 River Oaks Drive Des Moines, Ia 50312		5.00	
12/27/02	ID# CK#	Brett E Harman 3821 River Oaks Drive Des Moines, Ia 50312		5.00	
11/01/02	ID# CK#	Donald J Heinrich 4415 101st Street Urbandale, Ia 50322		7.50	
11/15/02	ID# CK#	Donald J Heinrich 4415 101st Street Urbandale, Ia 50322		7.50	
11/27/02	ID# CK#	Donald J Heinrich 4415 101st Street Urbandale, Ia 50322		7.50	
12/13/02	ID# CK#	Donald J Heinrich 4415 101st Street Urbandale, Ia 50322		7.50	
12/27/02	ID# CK#	Donald J Heinrich 4415 101st Street Urbandale, Ia 50322		7.50	
12/27/02	ID# CK#	Unitemized Receipt		2.00	
SUB-TOTAL				\$ 59.50	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** *(Must be same as on Statement of Organization)*  
**ALLIED GROUP INC POLITICAL ACTION CMTE**

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
11/01/02	ID# CK#	Kirk Hooten 1422 41st Street Des Moines, Ia 50311		15.00	
11/15/02	ID# CK#	Kirk Hooten 1422 41st Street Des Moines, Ia 50311		15.00	
11/27/02	ID# CK#	Kirk Hooten 1422 41st Street Des Moines, Ia 50311		15.00	
12/13/02	ID# CK#	Kirk Hooten 1422 41st Street Des Moines, Ia 50311		15.00	
12/27/02	ID# CK#	Kirk Hooten 1422 41st Street Des Moines, Ia 50311		15.00	
11/01/02	ID# CK#	Unitemized Receipt		1.50	
11/15/02	ID# CK#	Unitemized Receipt		1.50	
11/27/02	ID# CK#	Unitemized Receipt		1.50	
12/13/02	ID# CK#	Unitemized Receipt		1.50	
12/27/02	ID# CK#	Unitemized Receipt		1.50	
<b>SUB-TOTAL</b>				<b>\$ 82.50</b>	
<b>TOTAL (if last page of this schedule)</b>				<b>\$</b>	

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** *(Must be same as on Statement of Organization)*  
**ALLIED GROUP INC POLITICAL ACTION CMTE**

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓IF FOR FUND-RAISER INCOME
12/27/02	ID# CK#	Unitemized Receipt		1.00	
10/18/02	ID# CK#	Peter E Karney 1235 43rd Des Moines, Ia 50311		2.00	
11/01/02	ID# CK#	Peter E Karney 1235 43rd Des Moines, Ia 50311		2.00	
11/15/02	ID# CK#	Peter E Karney 1235 43rd Des Moines, Ia 50311		2.00	
11/27/02	ID# CK#	Peter E Karney 1235 43rd Des Moines, Ia 50311		2.00	
12/13/02	ID# CK#	Peter E Karney 1235 43rd Des Moines, Ia 50311		2.00	
12/27/02	ID# CK#	Peter E Karney 1235 43rd Des Moines, Ia 50311		2.00	
10/18/02	ID# CK#	Thomas E Kehoe 1809 76 St Des Moines, Ia 50322		1.00	
11/01/02	ID# CK#	Thomas E Kehoe 1809 76 St Des Moines, Ia 50322		1.00	
11/15/02	ID# CK#	Thomas E Kehoe 1809 76 St Des Moines, Ia 50322		1.00	
SUB-TOTAL				\$ 16.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** *(Must be same as on Statement of Organization)*  
**ALLIED GROUP INC POLITICAL ACTION CMTE**

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓IF FOR FUND-RAISER INCOME
11/27/02	ID# CK#	Thomas E Kehoe 1809 76 St Des Moines, Ia 50322		1.00	
12/13/02	ID# CK#	Thomas E Kehoe 1809 76 St Des Moines, Ia 50322		1.00	
12/27/02	ID# CK#	Thomas E Kehoe 1809 76 St Des Moines, Ia 50322		1.00	
11/01/02	ID# CK#	Christopher E Kelly 4120 Pleasant Street Des Moines, Ia 50312		11.25	
11/15/02	ID# CK#	Christopher E Kelly 4120 Pleasant Street Des Moines, Ia 50312		11.25	
11/27/02	ID# CK#	Christopher E Kelly 4120 Pleasant Street Des Moines, Ia 50312		11.25	
12/13/02	ID# CK#	Christopher E Kelly 4120 Pleasant Street Des Moines, Ia 50312		11.25	
12/27/02	ID# CK#	Christopher E Kelly 4120 Pleasant Street Des Moines, Ia 50312		11.25	
11/01/02	ID# CK#	Unitemized Receipt		3.75	
11/15/02	ID# CK#	Unitemized Receipt		3.75	
<b>SUB-TOTAL</b>				\$ 66.75	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** *(Must be same as on Statement of Organization)*  
**ALLIED GROUP INC POLITICAL ACTION CMTE**

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
11/27/02	ID# CK#	Unitemized Receipt		3.75	
12/13/02	ID# CK#	Unitemized Receipt		3.75	
12/27/02	ID# CK#	Unitemized Receipt		3.75	
10/18/02	ID# CK#	Lila L Konrad 1576 240th Avenue Pleasantville, Ia 50225		10.00	
11/01/02	ID# CK#	Lila L Konrad 1576 240th Avenue Pleasantville, Ia 50225		10.00	
10/18/02	ID# CK#	Randall J Kramer 4925 Valley View Lane West Des Moines, Ia 50265		3.00	
11/01/02	ID# CK#	Randall J Kramer 4925 Valley View Lane West Des Moines, Ia 50265		3.00	
11/15/02	ID# CK#	Randall J Kramer 4925 Valley View Lane West Des Moines, Ia 50265		3.00	
11/27/02	ID# CK#	Randall J Kramer 4925 Valley View Lane West Des Moines, Ia 50265		3.00	
12/13/02	ID# CK#	Randall J Kramer 4925 Valley View Lane West Des Moines, Ia 50265		3.00	
SUB-TOTAL				\$ 46.25	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

<b>COMMITTEE NAME</b> <i>(Must be same as on Statement of Organization)</i> <b>ALLIED GROUP INC POLITICAL ACTION CMTE</b>
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**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
12/27/02	ID# CK#	Randall J Kramer 4925 Valley View Lane West Des Moines, Ia 50265		3.00	
10/18/02	ID# CK#	Unitemized Receipt		0.50	
11/01/02	ID# CK#	Unitemized Receipt		0.50	
11/15/02	ID# CK#	Unitemized Receipt		0.50	
11/27/02	ID# CK#	Unitemized Receipt		0.50	
12/13/02	ID# CK#	Unitemized Receipt		0.50	
12/27/02	ID# CK#	Unitemized Receipt		0.50	
12/27/02	ID# CK#	Unitemized Receipt		2.00	
10/18/02	ID# CK#	Steven P Larsen 61097 190th Street Nevada, Ia 50201		38.50	
11/01/02	ID# CK#	Steven P Larsen 61097 190th Street Nevada, Ia 50201		19.24	
SUB-TOTAL				\$ 65.74	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** *(Must be same as on Statement of Organization)*  
**ALLIED GROUP INC POLITICAL ACTION CMTE**

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
11/15/02	ID# CK#	Steven P Larsen 61097 190th Street Nevada, Ia 50201		19.24	
11/27/02	ID# CK#	Steven P Larsen 61097 190th Street Nevada, Ia 50201		19.24	
12/13/02	ID# CK#	Steven P Larsen 61097 190th Street Nevada, Ia 50201		19.24	
12/27/02	ID# CK#	Steven P Larsen 61097 190th Street Nevada, Ia 50201		19.24	
10/18/02	ID# CK#	Gary L Lawrence 185 150th Avenue Carlisle, Ia 50047		2.00	
11/01/02	ID# CK#	Gary L Lawrence 185 150th Avenue Carlisle, Ia 50047		2.00	
11/15/02	ID# CK#	Gary L Lawrence 185 150th Avenue Carlisle, Ia 50047		2.00	
11/27/02	ID# CK#	Gary L Lawrence 185 150th Avenue Carlisle, Ia 50047		2.00	
12/13/02	ID# CK#	Gary L Lawrence 185 150th Avenue Carlisle, Ia 50047		2.00	
12/27/02	ID# CK#	Gary L Lawrence 185 150th Avenue Carlisle, Ia 50047		2.00	

SUB-TOTAL \$ 88.96  
**TOTAL (if last page of this schedule)** \$

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** *(Must be same as on Statement of Organization)*  
**ALLIED GROUP INC POLITICAL ACTION CMTE**

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓IF FOR FUND-RAISER INCOME
10/18/02	ID# CK#	Unitemized Receipt		1.00	
11/01/02	ID# CK#	Unitemized Receipt		1.00	
11/15/02	ID# CK#	Unitemized Receipt		1.00	
11/27/02	ID# CK#	Unitemized Receipt		1.00	
12/13/02	ID# CK#	Unitemized Receipt		1.00	
12/27/02	ID# CK#	Unitemized Receipt		1.00	
10/18/02	ID# CK#	Allan S Lundquist 3151 N Cattail Creek Cumming, Ia 50061		2.00	
11/01/02	ID# CK#	Allan S Lundquist 3151 N Cattail Creek Cumming, Ia 50061		2.00	
11/15/02	ID# CK#	Allan S Lundquist 3151 N Cattail Creek Cumming, Ia 50061		2.00	
11/27/02	ID# CK#	Allan S Lundquist 3151 N Cattail Creek Cumming, Ia 50061		2.00	
<b>SUB-TOTAL</b>				<b>\$ 14.00</b>	
<b>TOTAL (if last page of this schedule)</b>				<b>\$</b>	

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** *(Must be same as on Statement of Organization)*  
**ALLIED GROUP INC POLITICAL ACTION CMTE**

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
12/13/02	ID# CK#	Allan S Lundquist 3151 N Cattail Creek Cumming, Ia 50061		2.00	
12/27/02	ID# CK#	Allan S Lundquist 3151 N Cattail Creek Cumming, Ia 50061		2.00	
10/18/02	ID# CK#	Unitemized Receipt		1.00	
11/01/02	ID# CK#	Unitemized Receipt		1.00	
11/15/02	ID# CK#	Unitemized Receipt		1.00	
11/27/02	ID# CK#	Unitemized Receipt		1.00	
12/13/02	ID# CK#	Unitemized Receipt		1.00	
12/27/02	ID# CK#	Unitemized Receipt		1.00	
10/18/02	ID# CK#	Unitemized Receipt		1.00	
11/01/02	ID# CK#	Unitemized Receipt		1.00	

SUB-TOTAL \$ 12.00

**TOTAL (if last page of this schedule)** \$

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** *(Must be same as on Statement of Organization)*  
**ALLIED GROUP INC POLITICAL ACTION CMTE**

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
11/15/02	ID# CK#	Unitemized Receipt		1.00	
11/27/02	ID# CK#	Unitemized Receipt		1.00	
12/13/02	ID# CK#	Unitemized Receipt		1.00	
12/27/02	ID# CK#	Unitemized Receipt		1.00	
10/18/02	ID# CK#	Michael McCrory 4519 99th Street Urbandale, Ia 50322		2.00	
11/01/02	ID# CK#	Michael McCrory 4519 99th Street Urbandale, Ia 50322		2.00	
11/15/02	ID# CK#	Michael McCrory 4519 99th Street Urbandale, Ia 50322		2.00	
11/27/02	ID# CK#	Michael McCrory 4519 99th Street Urbandale, Ia 50322		2.00	
12/13/02	ID# CK#	Michael McCrory 4519 99th Street Urbandale, Ia 50322		2.00	
12/27/02	ID# CK#	Michael McCrory 4519 99th Street Urbandale, Ia 50322		2.00	
SUB-TOTAL				\$ 16.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

\*Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter 'not applicable' in the relationship column.

**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** *(Must be same as on Statement of Organization)*  
**ALLIED GROUP INC POLITICAL ACTION CMTE**

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**CAUTION:** Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10/18/02	ID# CK#	Susan J McGinness 401 Napa Valley Drive Waukee, Ia 50263		25.00	
11/01/02	ID# CK#	Susan J McGinness 401 Napa Valley Drive Waukee, Ia 50263		25.00	
11/15/02	ID# CK#	Susan J McGinness 401 Napa Valley Drive Waukee, Ia 50263		25.00	
11/27/02	ID# CK#	Susan J McGinness 401 Napa Valley Drive Waukee, Ia 50263		25.00	
12/13/02	ID# CK#	Susan J McGinness 401 Napa Valley Drive Waukee, Ia 50263		25.00	
12/27/02	ID# CK#	Susan J McGinness 401 Napa Valley Drive Waukee, Ia 50263		25.00	
12/27/02	ID# CK#	Unitemized Receipt		1.00	
12/27/02	ID# CK#	Unitemized Receipt		1.00	
12/27/02	ID# CK#	Unitemized Receipt		15.00	
10/18/02	ID# CK#	Unitemized Receipt		1.00	
<b>SUB-TOTAL</b>				<b>\$ 168.00</b>	
<b>TOTAL (if last page of this schedule)</b>				<b>\$</b>	

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** *(Must be same as on Statement of Organization)*  
**ALLIED GROUP INC POLITICAL ACTION CMTE**

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
11/01/02	ID# CK#	Unitemized Receipt		1.00	
11/15/02	ID# CK#	Unitemized Receipt		1.00	
11/27/02	ID# CK#	Unitemized Receipt		1.00	
12/13/02	ID# CK#	Unitemized Receipt		1.00	
12/27/02	ID# CK#	Unitemized Receipt		1.00	
10/18/02	ID# CK#	Unitemized Receipt		1.00	
11/01/02	ID# CK#	Unitemized Receipt		1.00	
11/15/02	ID# CK#	Unitemized Receipt		1.00	
11/27/02	ID# CK#	Unitemized Receipt		1.00	
12/13/02	ID# CK#	Unitemized Receipt		1.00	
<b>SUB-TOTAL</b>				\$ 10.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

**ALLIED GROUP INC POLITICAL ACTION CMTE**

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**CAUTION:** Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
12/27/02	ID# CK#	Unitemized Receipt		1.00	
12/04/02	ID# CK#	Gary Modlin 804 Prairie View Drive West Des Moines, Ia 50266		20.00	
10/18/02	ID# CK#	John N Morse 1750 Andrews Dr. Pleasant Hill, Ia 50327		2.00	
11/01/02	ID# CK#	John N Morse 1750 Andrews Dr. Pleasant Hill, Ia 50327		2.00	
11/15/02	ID# CK#	John N Morse 1750 Andrews Dr. Pleasant Hill, Ia 50327		2.00	
11/27/02	ID# CK#	John N Morse 1750 Andrews Dr. Pleasant Hill, Ia 50327		2.00	
12/13/02	ID# CK#	John N Morse 1750 Andrews Dr. Pleasant Hill, Ia 50327		2.00	
12/27/02	ID# CK#	John N Morse 1750 Andrews Dr. Pleasant Hill, Ia 50327		2.00	
12/27/02	ID# CK#	Unitemized Receipt		1.00	
11/01/02	ID# CK#	Unitemized Receipt		1.50	
<b>SUB-TOTAL</b>				\$ 35.50	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** *(Must be same as on Statement of Organization)*

**ALLIED GROUP INC POLITICAL ACTION CMTE**

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**CAUTION:** Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓IF FOR FUND-RAISER INCOME
11/15/02	ID# CK#	Unitemized Receipt		1.50	
11/27/02	ID# CK#	Unitemized Receipt		1.50	
12/13/02	ID# CK#	Unitemized Receipt		1.50	
12/27/02	ID# CK#	Unitemized Receipt		1.50	
10/18/02	ID# CK#	Unitemized Receipt		1.00	
11/01/02	ID# CK#	Unitemized Receipt		1.00	
11/15/02	ID# CK#	Unitemized Receipt		1.00	
11/27/02	ID# CK#	Unitemized Receipt		1.00	
12/13/02	ID# CK#	Unitemized Receipt		1.00	
12/27/02	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 12.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

<b>COMMITTEE NAME</b> <i>(Must be same as on Statement of Organization)</i> <b>ALLIED GROUP INC POLITICAL ACTION CMTE</b>
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**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**CAUTION:** Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10/18/02	ID# CK#	Unitemized Receipt		1.00	
11/01/02	ID# CK#	Unitemized Receipt		1.00	
11/15/02	ID# CK#	Unitemized Receipt		1.00	
11/27/02	ID# CK#	Unitemized Receipt		1.00	
12/13/02	ID# CK#	Unitemized Receipt		1.00	
12/27/02	ID# CK#	Unitemized Receipt		1.00	
10/18/02	ID# CK#	Robert P O'Hollearn 5985 Maple Tree Circle Johnston, Ia 50131		15.00	
11/01/02	ID# CK#	Robert P O'Hollearn 5985 Maple Tree Circle Johnston, Ia 50131		15.00	
11/15/02	ID# CK#	Robert P O'Hollearn 5985 Maple Tree Circle Johnston, Ia 50131		15.00	
11/27/02	ID# CK#	Robert P O'Hollearn 5985 Maple Tree Circle Johnston, Ia 50131		15.00	
SUB-TOTAL				\$ 66.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** *(Must be same as on Statement of Organization)*  
**ALLIED GROUP INC POLITICAL ACTION CMTE**

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**CAUTION:** Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓IF FOR FUND-RAISER INCOME
12/13/02	ID# CK#	Robert P O'Hollearn 5985 Maple Tree Circle Johnston, Ia 50131		15.00	
12/27/02	ID# CK#	Robert P O'Hollearn 5985 Maple Tree Circle Johnston, Ia 50131		15.00	
10/18/02	ID# CK#	Richard D Olsen 4625 91st Street Urbandale, Ia 50322		3.00	
11/01/02	ID# CK#	Richard D Olsen 4625 91st Street Urbandale, Ia 50322		3.00	
11/15/02	ID# CK#	Richard D Olsen 4625 91st Street Urbandale, Ia 50322		3.00	
11/27/02	ID# CK#	Richard D Olsen 4625 91st Street Urbandale, Ia 50322		3.00	
12/13/02	ID# CK#	Richard D Olsen 4625 91st Street Urbandale, Ia 50322		3.00	
12/27/02	ID# CK#	Richard D Olsen 4625 91st Street Urbandale, Ia 50322		3.00	
10/18/02	ID# CK#	Melinda H Oosten 1795 Hawthorne Ridge Dr Waukee, Ia 50263		5.00	
11/01/02	ID# CK#	Melinda H Oosten 1795 Hawthorne Ridge Dr Waukee, Ia 50263		5.00	

SUB-TOTAL \$ 58.00

**TOTAL (if last page of this schedule)** \$

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** *(Must be same as on Statement of Organization)*  
**ALLIED GROUP INC POLITICAL ACTION CMTE**

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**CAUTION:** Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓IF FOR FUND-RAISER INCOME
11/15/02	ID# CK#	Melinda H Oosten 1795 Hawthorne Ridge Dr Waukee, Ia 50263		5.00	
11/27/02	ID# CK#	Melinda H Oosten 1795 Hawthorne Ridge Dr Waukee, Ia 50263		5.00	
12/13/02	ID# CK#	Melinda H Oosten 1795 Hawthorne Ridge Dr Waukee, Ia 50263		5.00	
12/27/02	ID# CK#	Melinda H Oosten 1795 Hawthorne Ridge Dr Waukee, Ia 50263		5.00	
10/18/02	ID# CK#	Mary R Ortman 1305 NE Lakeview Court Ankeny, Ia 50021		2.00	
11/01/02	ID# CK#	Mary R Ortman 1305 NE Lakeview Court Ankeny, Ia 50021		2.00	
11/15/02	ID# CK#	Mary R Ortman 1305 NE Lakeview Court Ankeny, Ia 50021		2.00	
11/27/02	ID# CK#	Mary R Ortman 1305 NE Lakeview Court Ankeny, Ia 50021		2.00	
12/13/02	ID# CK#	Mary R Ortman 1305 NE Lakeview Court Ankeny, Ia 50021		2.00	
12/27/02	ID# CK#	Mary R Ortman 1305 NE Lakeview Court Ankeny, Ia 50021		2.00	
<b>SUB-TOTAL</b>				\$ 32.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** *(Must be same as on Statement of Organization)*  
**ALLIED GROUP INC POLITICAL ACTION CMTE**

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
11/01/02	ID# CK#	Janie L Owens 307 NW Horizon Ct Ankeny, Ia 50021		3.75	
11/15/02	ID# CK#	Janie L Owens 307 NW Horizon Ct Ankeny, Ia 50021		3.75	
11/27/02	ID# CK#	Janie L Owens 307 NW Horizon Ct Ankeny, Ia 50021		3.75	
12/13/02	ID# CK#	Janie L Owens 307 NW Horizon Ct Ankeny, Ia 50021		3.75	
12/13/02	ID# CK#	Janie L Owens 307 NW Horizon Ct Ankeny, Ia 50021		20.00	
12/27/02	ID# CK#	Janie L Owens 307 NW Horizon Ct Ankeny, Ia 50021		3.75	
10/18/02	ID# CK#	Robert M Parsons 1956 Chelsea Road Columbus, Oh 43212		20.00	
11/01/02	ID# CK#	Robert M Parsons 1956 Chelsea Road Columbus, Oh 43212		20.00	
11/15/02	ID# CK#	Robert M Parsons 1956 Chelsea Road Columbus, Oh 43212		20.00	
11/27/02	ID# CK#	Robert M Parsons 1956 Chelsea Road Columbus, Oh 43212		20.00	
<b>SUB-TOTAL</b>				<b>\$ 118.75</b>	
<b>TOTAL (if last page of this schedule)</b>				<b>\$</b>	

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

**ALLIED GROUP INC POLITICAL ACTION CMTE**

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
12/13/02	ID# CK#	Robert M Parsons 1956 Chelsea Road Columbus, Oh 43212		20.00	
12/27/02	ID# CK#	Robert M Parsons 1956 Chelsea Road Columbus, Oh 43212		20.00	
10/18/02	ID# CK#	Barry B Paterson 3297 335th Street Waukee, Ia 50263		5.00	
11/01/02	ID# CK#	Barry B Paterson 3297 335th Street Waukee, Ia 50263		5.00	
11/15/02	ID# CK#	Barry B Paterson 3297 335th Street Waukee, Ia 50263		5.00	
11/27/02	ID# CK#	Barry B Paterson 3297 335th Street Waukee, Ia 50263		5.00	
12/13/02	ID# CK#	Barry B Paterson 3297 335th Street Waukee, Ia 50263		5.00	
12/27/02	ID# CK#	Barry B Paterson 3297 335th Street Waukee, Ia 50263		5.00	
10/18/02	ID# CK#	Kelly S Patterson 4516 93rd Street Urbandale, Ia 50322		10.00	
11/01/02	ID# CK#	Kelly S Patterson 4516 93rd Street Urbandale, Ia 50322		10.00	
SUB-TOTAL				\$ 90.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

**ALLIED GROUP INC POLITICAL ACTION CMTE**

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**CAUTION:** Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
11/15/02	ID# CK#	Kelly S Patterson 4516 93rd Street Urbandale, Ia 50322		10.00	
11/27/02	ID# CK#	Kelly S Patterson 4516 93rd Street Urbandale, Ia 50322		10.00	
12/13/02	ID# CK#	Kelly S Patterson 4516 93rd Street Urbandale, Ia 50322		10.00	
12/27/02	ID# CK#	Kelly S Patterson 4516 93rd Street Urbandale, Ia 50322		10.00	
10/18/02	ID# CK#	Unitemized Receipt		1.00	
11/01/02	ID# CK#	Unitemized Receipt		1.00	
11/15/02	ID# CK#	Unitemized Receipt		1.00	
11/27/02	ID# CK#	Unitemized Receipt		1.00	
12/13/02	ID# CK#	Unitemized Receipt		1.00	
12/27/02	ID# CK#	Unitemized Receipt		1.00	
<b>SUB-TOTAL</b>				\$ 46.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** *(Must be same as on Statement of Organization)*  
**ALLIED GROUP INC POLITICAL ACTION CMTE**

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**CAUTION:** Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓IF FOR FUND-RAISER INCOME
10/18/02	ID# CK#	Douglas R Pearson 1105 N W Wagner Ct Ankeny, Ia 50021		2.00	
11/01/02	ID# CK#	Douglas R Pearson 1105 N W Wagner Ct Ankeny, Ia 50021		2.00	
11/15/02	ID# CK#	Douglas R Pearson 1105 N W Wagner Ct Ankeny, Ia 50021		2.00	
11/27/02	ID# CK#	Douglas R Pearson 1105 N W Wagner Ct Ankeny, Ia 50021		2.00	
12/13/02	ID# CK#	Douglas R Pearson 1105 N W Wagner Ct Ankeny, Ia 50021		2.00	
12/27/02	ID# CK#	Douglas R Pearson 1105 N W Wagner Ct Ankeny, Ia 50021		2.00	
12/27/02	ID# CK#	Unitemized Receipt		2.00	
10/18/02	ID# CK#	Unitemized Receipt		2.25	
11/01/02	ID# CK#	Unitemized Receipt		2.25	
11/15/02	ID# CK#	Unitemized Receipt		2.25	
<b>SUB-TOTAL</b>				\$ 20.75	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** *(Must be same as on Statement of Organization)*  
**ALLIED GROUP INC POLITICAL ACTION CMTE**

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓IF FOR FUND-RAISER INCOME
11/27/02	ID# CK#	Unitemized Receipt		2.25	
12/13/02	ID# CK#	Unitemized Receipt		2.25	
12/27/02	ID# CK#	Unitemized Receipt		2.25	
11/01/02	ID# CK#	Unitemized Receipt		0.75	
11/15/02	ID# CK#	Unitemized Receipt		0.75	
11/27/02	ID# CK#	Unitemized Receipt		0.75	
12/13/02	ID# CK#	Unitemized Receipt		0.75	
12/27/02	ID# CK#	Unitemized Receipt		0.75	
10/18/02	ID# CK#	Maureen J Rank 6520 SE Fifth Street #19 Des Moines, Ia 50315		10.00	
11/01/02	ID# CK#	Maureen J Rank 6520 SE Fifth Street #19 Des Moines, Ia 50315		10.00	
SUB-TOTAL				\$ 30.50	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** *(Must be same as on Statement of Organization)*  
**ALLIED GROUP INC POLITICAL ACTION CMTE**

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓IF FOR FUND-RAISER INCOME
11/15/02	ID# CK#	Maureen J Rank 6520 SE Fifth Street #19 Des Moines, Ia 50315		10.00	
11/27/02	ID# CK#	Maureen J Rank 6520 SE Fifth Street #19 Des Moines, Ia 50315		10.00	
12/13/02	ID# CK#	Maureen J Rank 6520 SE Fifth Street #19 Des Moines, Ia 50315		10.00	
12/27/02	ID# CK#	Maureen J Rank 6520 SE Fifth Street #19 Des Moines, Ia 50315		10.00	
10/18/02	ID# CK#	Steve S Rasmussen 1077 Tulip Tree Lane West Des Moines, Ia 50266		37.50	
11/01/02	ID# CK#	Steve S Rasmussen 1077 Tulip Tree Lane West Des Moines, Ia 50266		37.50	
11/15/02	ID# CK#	Steve S Rasmussen 1077 Tulip Tree Lane West Des Moines, Ia 50266		37.50	
11/27/02	ID# CK#	Steve S Rasmussen 1077 Tulip Tree Lane West Des Moines, Ia 50266		37.50	
12/13/02	ID# CK#	Steve S Rasmussen 1077 Tulip Tree Lane West Des Moines, Ia 50266		37.50	
12/27/02	ID# CK#	Steve S Rasmussen 1077 Tulip Tree Lane West Des Moines, Ia 50266		37.50	
<b>SUB-TOTAL</b>				\$ 265.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** *(Must be same as on Statement of Organization)*  
**ALLIED GROUP INC POLITICAL ACTION CMTE**

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10/18/02	ID# CK#	Unitemized Receipt		1.00	
11/01/02	ID# CK#	Unitemized Receipt		1.00	
11/15/02	ID# CK#	Unitemized Receipt		1.00	
11/27/02	ID# CK#	Unitemized Receipt		1.00	
12/13/02	ID# CK#	Unitemized Receipt		1.00	
12/27/02	ID# CK#	Unitemized Receipt		1.00	
10/18/02	ID# CK#	Jeff M Rommel 1001 SE Crawford Court Ankeny, Ia 50021		2.50	
11/01/02	ID# CK#	Jeff M Rommel 1001 SE Crawford Court Ankeny, Ia 50021		2.50	
11/15/02	ID# CK#	Jeff M Rommel 1001 SE Crawford Court Ankeny, Ia 50021		2.50	
11/27/02	ID# CK#	Jeff M Rommel 1001 SE Crawford Court Ankeny, Ia 50021		2.50	
<b>SUB-TOTAL</b>				\$ 16.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
**ALLIED GROUP INC POLITICAL ACTION CMTE**

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓IF FOR FUND-RAISER INCOME
12/13/02	ID# CK#	Jeff M Rommel 1001 SE Crawford Court Ankeny, Ia 50021		2.50	
12/27/02	ID# CK#	Jeff M Rommel 1001 SE Crawford Court Ankeny, Ia 50021		2.50	
10/18/02	ID# CK#	Robert A Rowe 2430 SE Rose Avenue Des Moines, Ia 50320-2235		15.00	
11/01/02	ID# CK#	Robert A Rowe 2430 SE Rose Avenue Des Moines, Ia 50320-2235		15.00	
11/15/02	ID# CK#	Robert A Rowe 2430 SE Rose Avenue Des Moines, Ia 50320-2235		15.00	
11/27/02	ID# CK#	Robert A Rowe 2430 SE Rose Avenue Des Moines, Ia 50320-2235		15.00	
12/13/02	ID# CK#	Robert A Rowe 2430 SE Rose Avenue Des Moines, Ia 50320-2235		15.00	
12/27/02	ID# CK#	Robert A Rowe 2430 SE Rose Avenue Des Moines, Ia 50320-2235		15.00	
10/18/02	ID# CK#	Connie B Ruggless 1214 Lake Shore Drive Altoona, Ia 50009		4.00	
11/01/02	ID# CK#	Connie B Ruggless 1214 Lake Shore Drive Altoona, Ia 50009		4.00	
<b>SUB-TOTAL</b>				<b>\$ 103.00</b>	
<b>TOTAL (if last page of this schedule)</b>				<b>\$</b>	

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**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** *(Must be same as on Statement of Organization)*  
**ALLIED GROUP INC POLITICAL ACTION CMTE**

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
11/15/02	ID# CK#	Connie B Ruggless 1214 Lake Shore Drive Altoona, Ia 50009		4.00	
11/27/02	ID# CK#	Connie B Ruggless 1214 Lake Shore Drive Altoona, Ia 50009		4.00	
12/13/02	ID# CK#	Connie B Ruggless 1214 Lake Shore Drive Altoona, Ia 50009		4.00	
12/27/02	ID# CK#	Connie B Ruggless 1214 Lake Shore Drive Altoona, Ia 50009		4.00	
10/18/02	ID# CK#	Thad E Scarrow 9659 Forest Avenue Clive, Ia 50325		5.00	
11/01/02	ID# CK#	Thad E Scarrow 9659 Forest Avenue Clive, Ia 50325		5.00	
11/15/02	ID# CK#	Thad E Scarrow 9659 Forest Avenue Clive, Ia 50325		5.00	
11/27/02	ID# CK#	Thad E Scarrow 9659 Forest Avenue Clive, Ia 50325		5.00	
12/13/02	ID# CK#	Thad E Scarrow 9659 Forest Avenue Clive, Ia 50325		5.00	
12/27/02	ID# CK#	Thad E Scarrow 9659 Forest Avenue Clive, Ia 50325		5.00	
<b>SUB-TOTAL</b>				\$ 46.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** *(Must be same as on Statement of Organization)*  
**ALLIED GROUP INC POLITICAL ACTION CMTE**

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓IF FOR FUND-RAISER INCOME
10/18/02	ID# CK#	Tricia D Sedivec 10675 NW 114th Avenue Granger, Ia 50109		1.00	
11/01/02	ID# CK#	Tricia D Sedivec 10675 NW 114th Avenue Granger, Ia 50109		1.00	
11/15/02	ID# CK#	Tricia D Sedivec 10675 NW 114th Avenue Granger, Ia 50109		1.00	
11/27/02	ID# CK#	Tricia D Sedivec 10675 NW 114th Avenue Granger, Ia 50109		1.00	
12/13/02	ID# CK#	Tricia D Sedivec 10675 NW 114th Avenue Granger, Ia 50109		1.00	
12/27/02	ID# CK#	Tricia D Sedivec 10675 NW 114th Avenue Granger, Ia 50109		1.00	
12/04/02	ID# CK#	Unitemized Receipt		20.00	
10/18/02	ID# CK#	Jay A Sohn 12437 Douglas Pkwy Urbandale, Ia 50322		1.00	
11/01/02	ID# CK#	Jay A Sohn 12437 Douglas Pkwy Urbandale, Ia 50322		1.00	
11/15/02	ID# CK#	Jay A Sohn 12437 Douglas Pkwy Urbandale, Ia 50322		1.00	
SUB-TOTAL				\$ 29.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** *(Must be same as on Statement of Organization)*  
**ALLIED GROUP INC POLITICAL ACTION CMTE**

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓IF FOR FUND-RAISER INCOME
11/27/02	ID# CK#	Jay A Sohn 12437 Douglas Pkwy Urbandale, Ia 50322		1.00	
12/13/02	ID# CK#	Jay A Sohn 12437 Douglas Pkwy Urbandale, Ia 50322		1.00	
12/27/02	ID# CK#	Jay A Sohn 12437 Douglas Pkwy Urbandale, Ia 50322		1.00	
10/18/02	ID# CK#	Timothy J Streck 2192 NW 148th Clive, Ia 50325		2.00	
11/01/02	ID# CK#	Timothy J Streck 2192 NW 148th Clive, Ia 50325		2.00	
11/15/02	ID# CK#	Timothy J Streck 2192 NW 148th Clive, Ia 50325		2.00	
11/27/02	ID# CK#	Timothy J Streck 2192 NW 148th Clive, Ia 50325		2.00	
12/13/02	ID# CK#	Timothy J Streck 2192 NW 148th Clive, Ia 50325		2.00	
12/27/02	ID# CK#	Timothy J Streck 2192 NW 148th Clive, Ia 50325		2.00	
11/01/02	ID# CK#	Unitemized Receipt		3.75	
<b>SUB-TOTAL</b>				<b>\$ 18.75</b>	
<b>TOTAL (if last page of this schedule)</b>				<b>\$</b>	

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**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** *(Must be same as on Statement of Organization)*  
**ALLIED GROUP INC POLITICAL ACTION CMTE**

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓IF FOR FUND- RAISER INCOME
11/15/02	ID# CK#	Unitemized Receipt		3.75	
11/27/02	ID# CK#	Unitemized Receipt		3.75	
12/13/02	ID# CK#	Unitemized Receipt		3.75	
12/27/02	ID# CK#	Unitemized Receipt		3.75	
10/18/02	ID# CK#	Jerome L Sychowski 9165 NW 73rd St Johnston, Ia 50131		10.00	
11/01/02	ID# CK#	Jerome L Sychowski 9165 NW 73rd St Johnston, Ia 50131		10.00	
11/15/02	ID# CK#	Jerome L Sychowski 9165 NW 73rd St Johnston, Ia 50131		10.00	
11/27/02	ID# CK#	Jerome L Sychowski 9165 NW 73rd St Johnston, Ia 50131		10.00	
12/13/02	ID# CK#	Jerome L Sychowski 9165 NW 73rd St Johnston, Ia 50131		10.00	
12/27/02	ID# CK#	Jerome L Sychowski 9165 NW 73rd St Johnston, Ia 50131		10.00	
<b>SUB-TOTAL</b>				\$ 75.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** *(Must be same as on Statement of Organization)*  
**ALLIED GROUP INC POLITICAL ACTION CMTE**

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10/18/02	ID# CK#	Jeffrey N Taylor 1212 8th Avenue SE Altoona, Ia 50009		3.00	
11/01/02	ID# CK#	Jeffrey N Taylor 1212 8th Avenue SE Altoona, Ia 50009		3.00	
11/15/02	ID# CK#	Jeffrey N Taylor 1212 8th Avenue SE Altoona, Ia 50009		3.00	
11/27/02	ID# CK#	Jeffrey N Taylor 1212 8th Avenue SE Altoona, Ia 50009		3.00	
12/13/02	ID# CK#	Jeffrey N Taylor 1212 8th Avenue SE Altoona, Ia 50009		3.00	
12/27/02	ID# CK#	Jeffrey N Taylor 1212 8th Avenue SE Altoona, Ia 50009		3.00	
12/27/02	ID# CK#	Unitemized Receipt		1.00	
10/18/02	ID# CK#	Dick C Ury 4132 E. 24th Court Des Moines, Ia 50317		4.00	
11/01/02	ID# CK#	Dick C Ury 4132 E. 24th Court Des Moines, Ia 50317		4.00	
11/15/02	ID# CK#	Dick C Ury 4132 E. 24th Court Des Moines, Ia 50317		4.00	
SUB-TOTAL				\$ 31.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** *(Must be same as on Statement of Organization)*  
**ALLIED GROUP INC POLITICAL ACTION CMTE**

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11/27/02	ID# CK#	Dick C Ury 4132 E. 24th Court Des Moines, Ia 50317		4.00	
12/13/02	ID# CK#	Dick C Ury 4132 E. 24th Court Des Moines, Ia 50317		4.00	
12/27/02	ID# CK#	Dick C Ury 4132 E. 24th Court Des Moines, Ia 50317		4.00	
11/01/02	ID# CK#	Unitemized Receipt		1.50	
11/15/02	ID# CK#	Unitemized Receipt		1.50	
11/27/02	ID# CK#	Unitemized Receipt		1.50	
12/13/02	ID# CK#	Unitemized Receipt		1.50	
12/27/02	ID# CK#	Unitemized Receipt		1.50	
11/01/02	ID# CK#	Kristie F Van Pelt 7163 Oak Crest Blvd Johnston, Ia 50131		7.50	
11/15/02	ID# CK#	Kristie F Van Pelt 7163 Oak Crest Blvd Johnston, Ia 50131		7.50	
<b>SUB-TOTAL</b>				<b>\$ 34.50</b>	
<b>TOTAL (if last page of this schedule)</b>				<b>\$</b>	

\*Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter 'not applicable' in the relationship column.

**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** *(Must be same as on Statement of Organization)*  
**ALLIED GROUP INC POLITICAL ACTION CMTE**

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**CAUTION:** Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓IF FOR FUND- RAISER INCOME
11/27/02	ID# CK#	Kristie F Van Pelt 7163 Oak Crest Blvd Johnston, Ia 50131		7.50	
12/13/02	ID# CK#	Kristie F Van Pelt 7163 Oak Crest Blvd Johnston, Ia 50131		7.50	
12/27/02	ID# CK#	Kristie F Van Pelt 7163 Oak Crest Blvd Johnston, Ia 50131		7.50	
10/18/02	ID# CK#	Lyle D Walstrom 13934 Buena Vista Dr Urbandale, Ia 50323		5.00	
11/01/02	ID# CK#	Lyle D Walstrom 13934 Buena Vista Dr Urbandale, Ia 50323		5.00	
11/15/02	ID# CK#	Lyle D Walstrom 13934 Buena Vista Dr Urbandale, Ia 50323		5.00	
11/27/02	ID# CK#	Lyle D Walstrom 13934 Buena Vista Dr Urbandale, Ia 50323		5.00	
12/13/02	ID# CK#	Lyle D Walstrom 13934 Buena Vista Dr Urbandale, Ia 50323		5.00	
12/27/02	ID# CK#	Lyle D Walstrom 13934 Buena Vista Dr Urbandale, Ia 50323		5.00	
11/01/02	ID# CK#	Unitemized Receipt		0.75	
SUB-TOTAL				\$ 53.25	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** *(Must be same as on Statement of Organization)*  
**ALLIED GROUP INC POLITICAL ACTION CMTE**

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
11/15/02	ID# CK#	Unitemized Receipt		0.75	
11/27/02	ID# CK#	Unitemized Receipt		0.75	
12/13/02	ID# CK#	Unitemized Receipt		0.75	
12/27/02	ID# CK#	Unitemized Receipt		0.75	
10/18/02	ID# CK#	Janet C Weibrecht 5609 Aspen Drive West Des Moines, Ia 50266		4.00	
11/01/02	ID# CK#	Janet C Weibrecht 5609 Aspen Drive West Des Moines, Ia 50266		4.00	
11/15/02	ID# CK#	Janet C Weibrecht 5609 Aspen Drive West Des Moines, Ia 50266		4.00	
11/27/02	ID# CK#	Janet C Weibrecht 5609 Aspen Drive West Des Moines, Ia 50266		4.00	
12/13/02	ID# CK#	Janet C Weibrecht 5609 Aspen Drive West Des Moines, Ia 50266		4.00	
12/27/02	ID# CK#	Janet C Weibrecht 5609 Aspen Drive West Des Moines, Ia 50266		4.00	
SUB-TOTAL				\$ 27.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** *(Must be same as on Statement of Organization)*  
**ALLIED GROUP INC POLITICAL ACTION CMTE**

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**CAUTION:** Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓IF FOR FUND- RAISER INCOME
10/18/02	ID# CK#	Anne L Wilkinson 8120 Chambery Blvd Johnston, Ia 50131		3.00	
11/01/02	ID# CK#	Anne L Wilkinson 8120 Chambery Blvd Johnston, Ia 50131		3.00	
11/15/02	ID# CK#	Anne L Wilkinson 8120 Chambery Blvd Johnston, Ia 50131		3.00	
11/27/02	ID# CK#	Anne L Wilkinson 8120 Chambery Blvd Johnston, Ia 50131		3.00	
12/13/02	ID# CK#	Anne L Wilkinson 8120 Chambery Blvd Johnston, Ia 50131		3.00	
12/27/02	ID# CK#	Anne L Wilkinson 8120 Chambery Blvd Johnston, Ia 50131		3.00	
12/27/02	ID# CK#	Unitemized Receipt		5.00	
10/18/02	ID# CK#	Diane C Williams 7043 Carey Court Johnston, Ia 50131		5.00	
11/01/02	ID# CK#	Diane C Williams 7043 Carey Court Johnston, Ia 50131		5.00	
11/15/02	ID# CK#	Diane C Williams 7043 Carey Court Johnston, Ia 50131		5.00	

SUB-TOTAL \$ 38.00

**TOTAL (if last page of this schedule)** \$

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

<b>COMMITTEE NAME</b> <i>(Must be same as on Statement of Organization)</i> <b>ALLIED GROUP INC POLITICAL ACTION CMTE</b>
--

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**CAUTION:** Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓IF FOR FUND- RAISER INCOME
11/27/02	ID# CK#	Diane C Williams 7043 Carey Court Johnston, Ia 50131		5.00	
12/13/02	ID# CK#	Diane C Williams 7043 Carey Court Johnston, Ia 50131		5.00	
12/27/02	ID# CK#	Diane C Williams 7043 Carey Court Johnston, Ia 50131		5.00	
10/18/02	ID# CK#	Thomas W Williams 6223 Pleasant St West Des Moines, Ia 50266		5.00	
11/01/02	ID# CK#	Thomas W Williams 6223 Pleasant St West Des Moines, Ia 50266		5.00	
11/15/02	ID# CK#	Thomas W Williams 6223 Pleasant St West Des Moines, Ia 50266		5.00	
11/27/02	ID# CK#	Thomas W Williams 6223 Pleasant St West Des Moines, Ia 50266		5.00	
12/13/02	ID# CK#	Thomas W Williams 6223 Pleasant St West Des Moines, Ia 50266		5.00	
12/27/02	ID# CK#	Thomas W Williams 6223 Pleasant St West Des Moines, Ia 50266		5.00	
10/18/02	ID# CK#	Patricia L Wolf 7506 Prairie Avenue Urbandale, Ia 50322		1.00	
SUB-TOTAL				\$ 46.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

<b>COMMITTEE NAME</b> <i>(Must be same as on Statement of Organization)</i> <b>ALLIED GROUP INC POLITICAL ACTION CMTE</b>
--

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**CAUTION:** Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
11/01/02	ID# CK#	Patricia L Wolf 7506 Prairie Avenue Urbandale, Ia 50322		1.00	
11/15/02	ID# CK#	Patricia L Wolf 7506 Prairie Avenue Urbandale, Ia 50322		1.00	
11/27/02	ID# CK#	Patricia L Wolf 7506 Prairie Avenue Urbandale, Ia 50322		1.00	
12/13/02	ID# CK#	Patricia L Wolf 7506 Prairie Avenue Urbandale, Ia 50322		1.00	
12/27/02	ID# CK#	Patricia L Wolf 7506 Prairie Avenue Urbandale, Ia 50322		1.00	
10/18/02	ID# CK#	Paul J Wright 1800 Watrous 55k Des Moines, Ia 50315		1.00	
11/01/02	ID# CK#	Paul J Wright 1800 Watrous 55k Des Moines, Ia 50315		1.00	
11/15/02	ID# CK#	Paul J Wright 1800 Watrous 55k Des Moines, Ia 50315		1.00	
11/27/02	ID# CK#	Paul J Wright 1800 Watrous 55k Des Moines, Ia 50315		1.00	
12/13/02	ID# CK#	Paul J Wright 1800 Watrous 55k Des Moines, Ia 50315		1.00	
<b>SUB-TOTAL</b>				\$ 10.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** *(Must be same as on Statement of Organization)*  
**ALLIED GROUP INC POLITICAL ACTION CMTE**

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**CAUTION:** Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
12/27/02	ID# CK#	Paul J Wright 1800 Watrous 55k Des Moines, Ia 50315		1.00	
12/04/02	ID# CK#	Chad Zierke 5016 Westwood Drive West Des Moines, Ia 50265		20.00	
<b>SUB-TOTAL</b>				\$ 21.00	
<b>TOTAL (if last page of this schedule)</b>				\$ 3,120.60	

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FOR INSTRUCTIONS, SEE BACK OF FORM

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE <b>B</b> (Rev. 09/97)	MONETARY EXPENDITURES
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

**COMMITTEE NAME** *(Must be same as on Statement of Organization)*

**ALLIED GROUP INC POLITICAL ACTION CMTE**

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE <i>(Disbursement)</i> WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/18/02	ID# CK# 02198	Ganske for Senate Greg Ganske 1200 Grand Avenue West Des Moines, Ia 50265	U S Senate General 2002/ia004 PAC Disbursement to Political Committee	100.00
10/18/02	ID# CK# 02197	Ganske for Senate Greg Ganske 1200 Grand Avenue West Des Moines, Ia 50265	U S Senate General 2002/ia004 PAC Disbursement to Political Committee	100.00
12/16/02	ID# CK# 02199	Kettering Campaign Steve Kettering 272 Crescent Park Drive Lake View, Ia 51450	State Senate Special 2003/ia026 PAC Disbursement to Political Committee	200.00
10/18/02	ID# CK# 02196	Republican Party of Iowa 521 E. Locust Street Des Moines, Ia 50309	State Republican Committee General 2002/ia PAC Disbursement to Political Committee	250.00
SUB-TOTAL				\$ 650.00
<b>TOTAL (if last page of this schedule)</b>				\$ 650.00

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)